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Scottish Hospital Centre
INFORMATION SHEET

O. P. D.

Consulting/Examination Room

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Introduction

Out-patient departments are pre-eminently areas in which several systems of activity should be integrated and balanced. Layouts which favour only one aspect of the work may, in fact, upset the overall function. The main activities to be accommodated are the reception of patients, consultation between doctor and patient, writing and/or dictation, undressing, clinical examination, diagnostic tests and minor procedures, dressing, the giving of advice and instructions, and in some cases the tuition of under-graduate or post-graduate students.

Extensive studies of the organisation and design of hospital out-patient departments have been carried out by the Scottish Home and Health Department and detailed recommendations made.* Salient features are that most patient-traffic relates to the consulting/examination rooms only; patients should remain dressed during consultation and should stay in one room so far as possible. This means that for some specialties the doctor would move between adjacent rooms. The necessary equipment for simple procedures should be available in each room. Telephones should be provided at the reception desk and in the consulting area but not in consulting/examination rooms. Important aims are an appropriate work-load per session, the more suitable deployment of nursing staff and a balance between the receptionist's work and the number of consulting/examination rooms served.

The layout of rooms should allow flexible usage and cater in detail for the needs of patients, their companions and the staff. Reproduction in modern buildings of out-moded, pressure-based concepts of out-patient work will perpetuate the unsatisfactory setting in which much clinical advice and treatment is offered. An organisation aimed at the maximum number of patients being " seen " in a given time inevitably results in a reduced level of privacy and dignity. Consultation which is interrupted and divided between several patients is unsatisfactory for patients, doctors, nurses and the patients' companions—who are frequently important for their support. Where clinics start late or activities are badly integrated, if the staffing pattern is inappropriate or the work-load unreasonable, patients, their companions and the staff become involved in bustle and confusion. This may even be regarded by some as an essential attribute of a busy clinic. A quiet orderly pattern of work is more efficient; to achieve this the detailed design and the grouping of consulting/examination rooms are of primary importance.

Mock-ups

Consulting/examination rooms have been demonstrated at the Scottish Hospital Centre by full scale, fully-furnished " mock-ups " following the design guidance in Planning Note No. 6. A suite of six rooms, three on either side of a private corridor, was envisaged as being served by a forward waiting area controlled by a receptionist who would receive patients with appointments, make re-appointments, and " filter " telephone calls. Patients would be escorted to a consulting/examination room by a nursing auxiliary. Doctors would use one or more rooms depending on the specialty, the type of clinic session and the average consultation times involved. The mock-up was valuable in demonstrating to consultants, nurses and other hospital staff the " preferred methods " recommended in the Planning Note. It illustrated the way in which the layout of furniture could be varied to suit the use of standard rooms by different specialties.

*Scottish Home and Health Department—Organisation and design of out-patient departments. Edinburgh, H.M.S.O., 1967. (Hospital planning note, 6.)

Critical Design Features

(1) *Location of doors*
Doors must not constrict the space required in the examination area. Inter-connecting doors must be convenient for use by the doctor; otherwise this link between adjacent rooms will be ineffective.

(2) *Handing* (i.e. adjacent rooms being designed as mirror images)
This should be avoided as it upsets the provision for undressing in the examination area e.g. the facilities for hanging clothes, the mirror etc.

(3) *Width and Height*
The width of the room must allow at least 2′ 9″ (840 mm) at either side of the examination couch and a 3′ 0″ (900 mm) door. An 8′ 0″ (2 400 mm) ceiling and 6′ 6″ (2 000 mm) doors are satisfactory.

(4) *Window Sill*
A low sill, e.g. under 3′ 0″ (900 mm), is inappropriate.

(5) *Lighting*
General illumination of 20 lumens/sq. ft. (215 lux) is recommended. Daylight is more important in the consultation than in the examination area.

(6) *Heating*
A temperature of 70°F (21°C) with three air changes per hour is recommended.

(7) *Privacy*
Consulting/examination rooms should not be exposed to view from waiting areas or passing corridor traffic. It is also important to avoid consulting/examination rooms being " overlooked " by other rooms when courts are a feature of the layout.

(8) *Teaching*
While two or three students can be accommodated in the standard room of 180 sq. ft. (16.72m^2) it may be advisable where under-graduate work is undertaken to provide one larger room in a suite of six. The basic layout would, however, remain the same.

(9) *Alternative plan*
A broad-fronted version of the plan is also effective and is illustrated in Planning Note No. 6.

(10) *Non-standard consulting/examination room*
Where the work-load is sufficient to provide full usage, a specially designed consulting/examination room is preferable for ophthalmology.

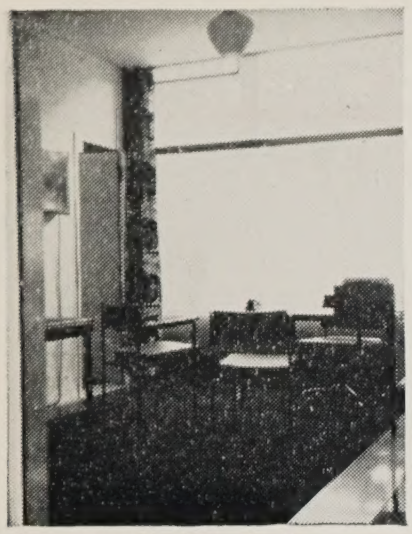
Summary

The way consulting/examination rooms are designed, equipped and used is vital to the smooth running of out-patient departments. The whole sequence of activity from the patient's arrival to departure must be considered and a suitable, defined, range of work for receptionists and nursing auxiliaries is important. Provision for patients' companions is necessary and undivided consultation need not prevent reasonable work-loads per doctor-session being achieved. The " preferred methods " given in S.H.H.D. Planning Note No. 6 are a detailed guide and one of these is illustrated in this Information Sheet.

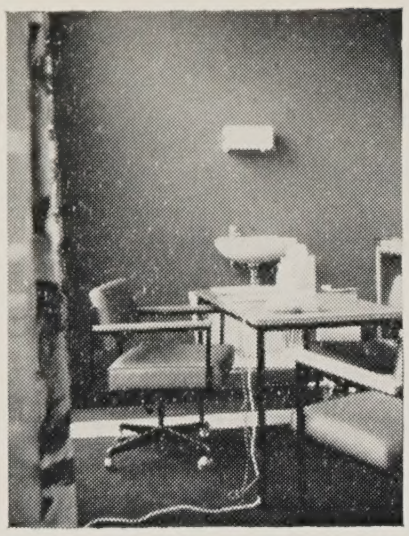
Note: All metric measurements are natural equivalents of the imperial units.

Study team: Dr J. K. Hunter (Director, S.H.C.); architect, A. R. H. Bott; industrial designer, M. J. Beese; nursing officer, Miss E. K. McNaught

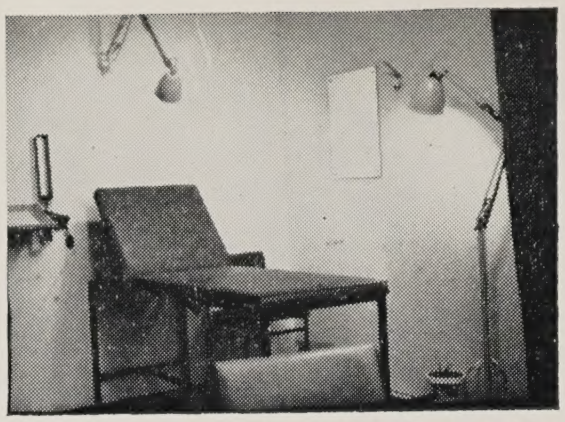
STANDARD CONSULTING/EXAMINATION ROOM



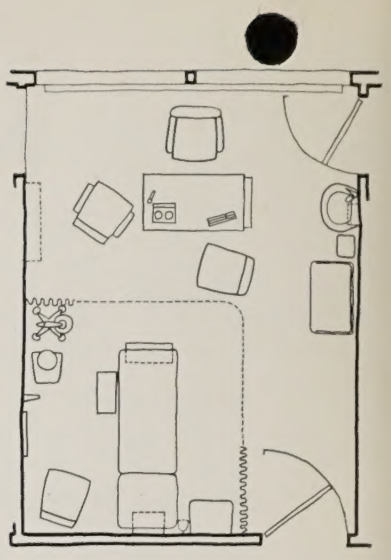
The consulting/examination room as seen from the corridor door. The consultant's table and chair are in the centre. The door near the window leads to the adjacent consulting/examination room. The end of the examination couch is on the left, treatment trolley on the right. The window is screened for privacy; the sill would not normally be less than 3′ 0″ high (900 mm). Curtains and carpets assist the reassuring, non-clinical appearance of the room.



The view from the door to the adjacent consulting/examination room. The doctor has a swivel chair for ease of movement and a simple table with no drawers to cause obstruction. There is a small stationery rack and a " basket " clipped to the end of the table for patients' records and x-rays. Dictating facilities should be available. In intermediate rooms the other communicating door would be visible.

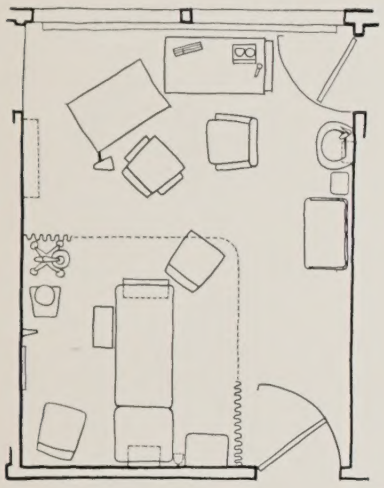


The view from the doctor's chair. The examination couch is easily enclosed by two curtains. Note the small writing shelf, wall-mounted sphygmomanometer, wall-mounted and mobile examination lamps, patient's chair, mirror, coat hook and the domestic-type weighing machine (couch steps hidden by chair).

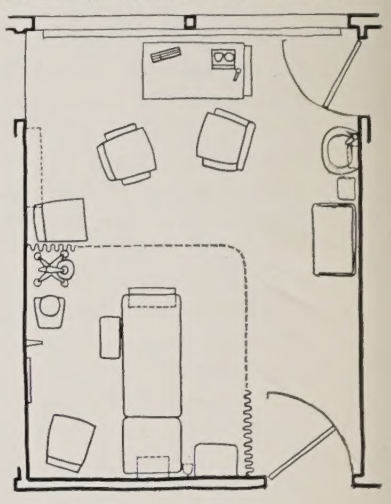


Layouts suggested for different specialities

For certain specialities it may be necessary to re-arrange the furniture and introduce special apparatus; the room itself however would not need to be altered



An E.N.T. clinic.



An orthopaedic or paediatric clinic.

Methods of Work

" Preferred methods " of work for different types of clinic session are given in detail in Planning Note No. 6. The following photographs illustrate the " first method: surgical clinics," given at paras. 95 to 98. In this method the consultant uses two rooms with a nursing auxiliary allocated to each room.

1. A patient and her mother—portrayed by members of the staff of the Centre—having been directed from the main entrance to the out-patient department, arrive at the forward waiting area.

2. They check with the receptionist.

3. They are invited to sit down.

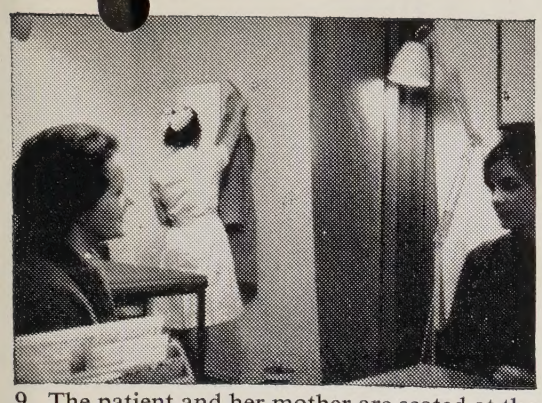
4. An earlier patient emerges from the consulting room accompanied by a nursing auxiliary.

5. He makes a re-appointment and goes away.

6. The nursing auxiliary collects the patient and her mother.

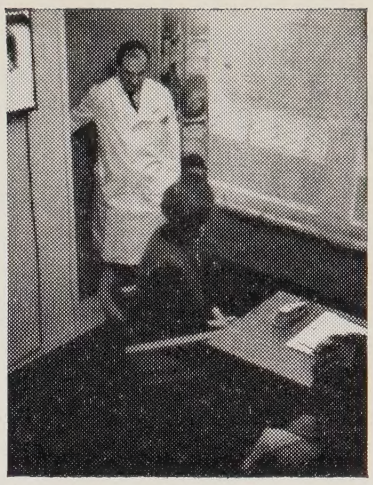
7. She takes them into the empty consulting/examination room.

8. She helps the patient to take off her coat; there might also be a bag, basket and umbrella to be disposed of.



9. The patient and her mother are seated at the table. (It is not, of course, always necessary for companions to accompany patients into the consulting room but it can frequently be helpful and the layout must allow for it.)

10. The nursing auxiliary puts up the x-ray plates if appropriate, and is able to speak to the patient, tell her whom she will see, etc.



11. The consultant comes through the door from the adjacent room.

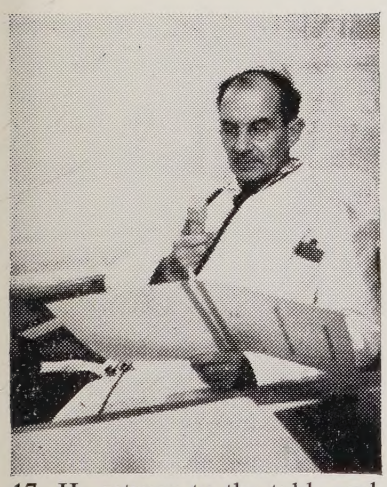
12. The consultation begins; the doctor takes the patient's history.

13. It is possible to carry out some examinations at the table. In other cases it may be necessary to examine the patient on the couch.

14. The patient undresses as required and with the assistance of the nursing auxiliary or companion if this is necessary. The patient may be weighed. Meanwhile the doctor may write, dictate or read notes, review x-ray plates or wait for the short time involved. " Assisted " undressing is remarkably quick. Communal dressing-gowns and problems of security for patients' belongings are avoided.

15. The consultant carries out his examination. (We did not ask our "patient" to undress for these photographs.) He may perform a venepuncture or other minor procedure.

16. The consultant may make notes.

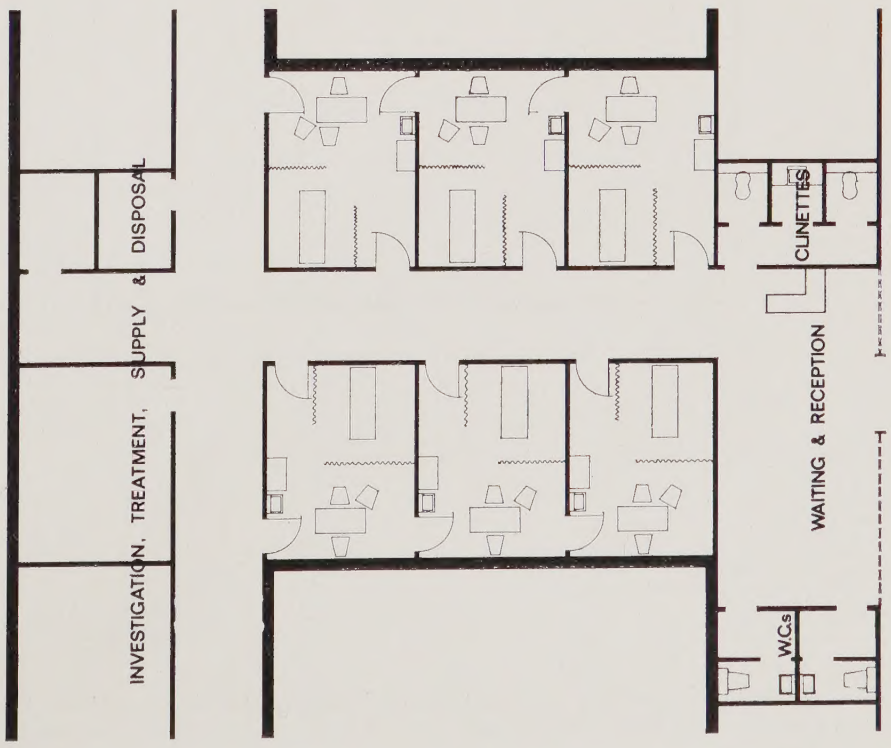


17. He returns to the table and dictates a letter to the general practitioner, case-notes or instructions for further investigation. He may wish to speak to the patient again at his desk before going next door where the next patient will be waiting.

18. Meanwhile the patient completes dressing and confirms any instructions with the nursing auxiliary.

19. She may be directed to another room for further investigation or treatment, for example an ECG in one of the rooms in the same suite, a visit to a medical social worker or to the x-ray department.

20. More often, however, the patient is taken back to the reception desk where she may make a re-appointment before leaving.



AN OUTLINE OF A SUITE OF CONSULTING/EXAMINATION ROOMS WITH A FORWARD WAITING AREA

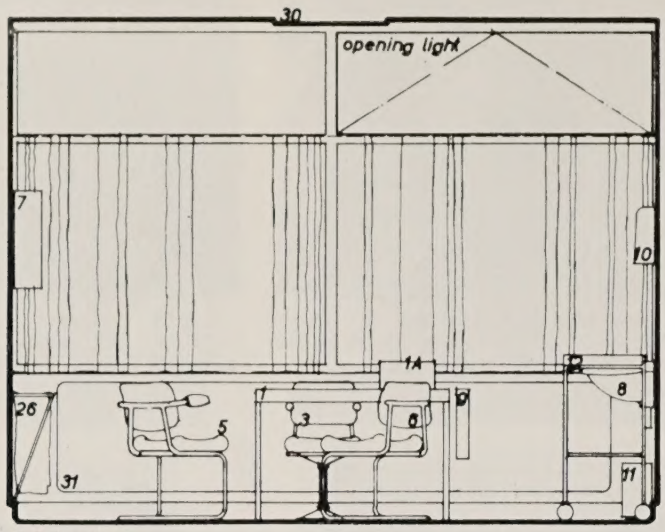
STANDARD CONSULTING/EXAMINATION ROOM

Equipment

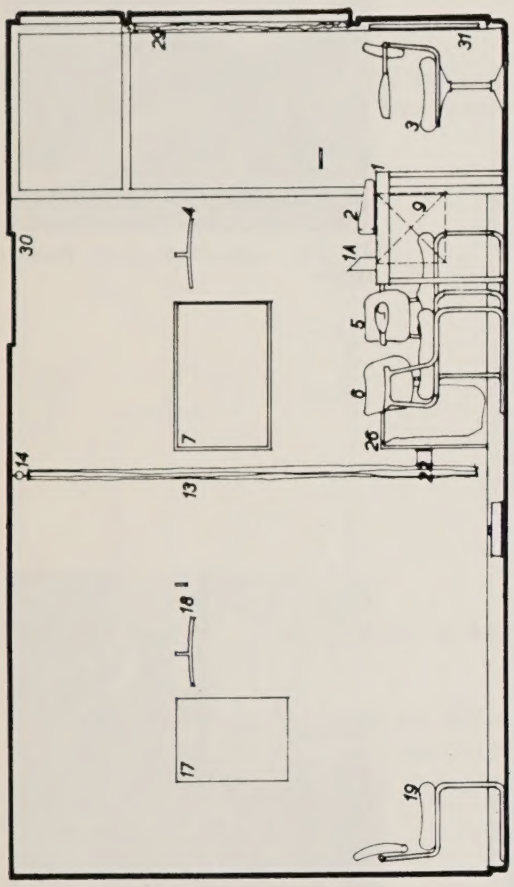
1. Consultant's Table—
   3′ 6″ to 4′ 0″ × 2′ 0″ × 2′ 4″ high

1A. Stationery Rack

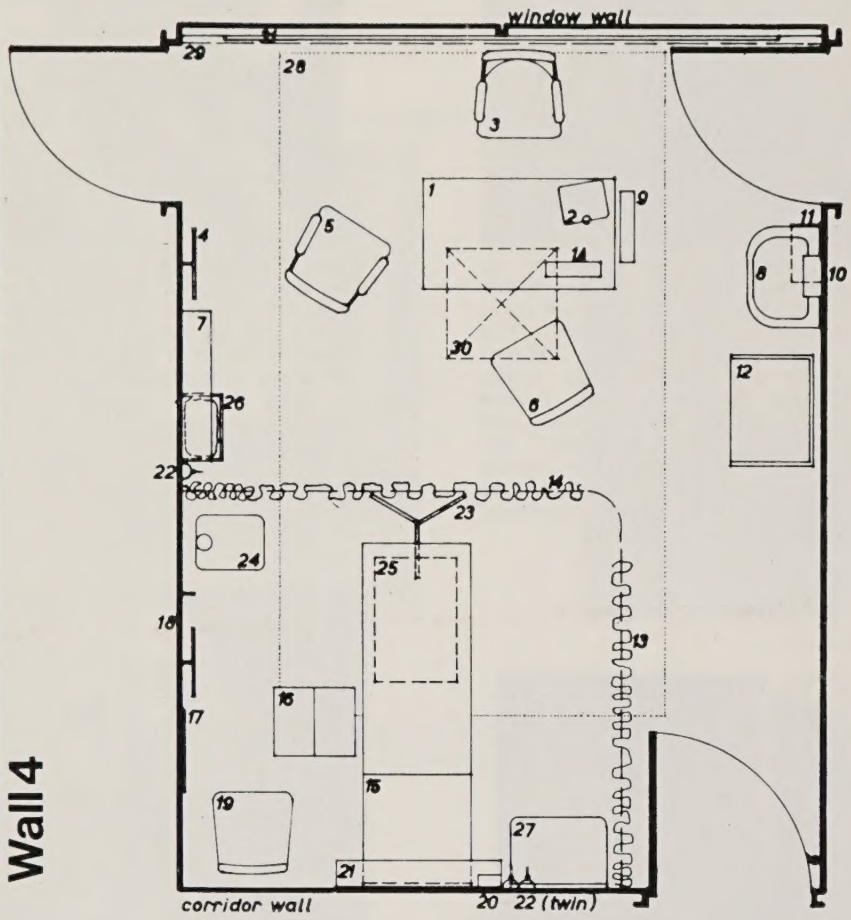
2. Dictating Machine (with floor connection in narrow fronted plan only)
3. Consultant's Swivel Chair
4. Coat Hook (1) and Coat Hanger (1)
5. Patient's Armchair
6. Companion's Chair
7. Wall-mounted X-Ray Viewing box—
   2′ 8″ × 1′ 9″ × 6″ projection
8. Wash-hand Basin 1′ 10″ × 1′ 4″ (height to top of raised back 2′ 10½″)
9. X-Ray Rack
10. Paper Towel Dispenser
11. Disposal Bin
12. Treatment Trolley
13. Curtain
14. Curtain Track

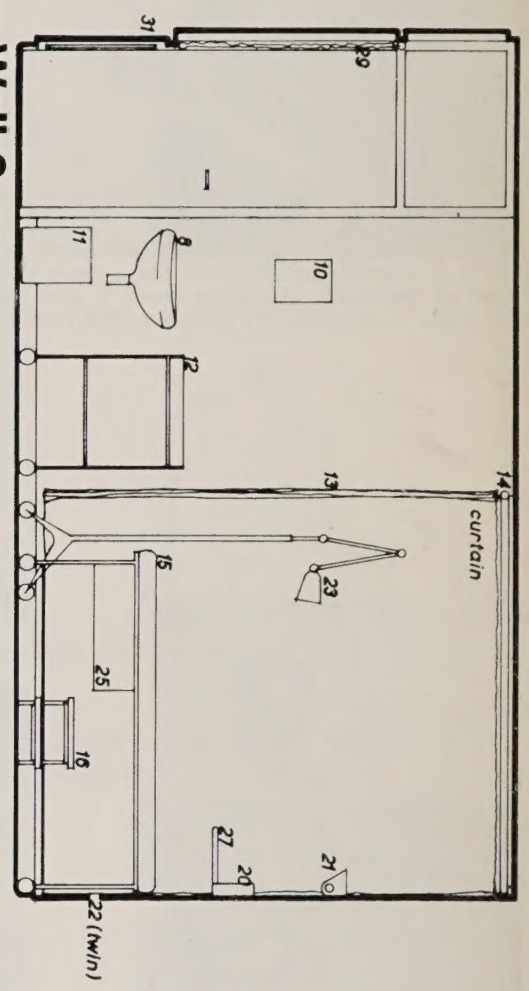


Wall 1

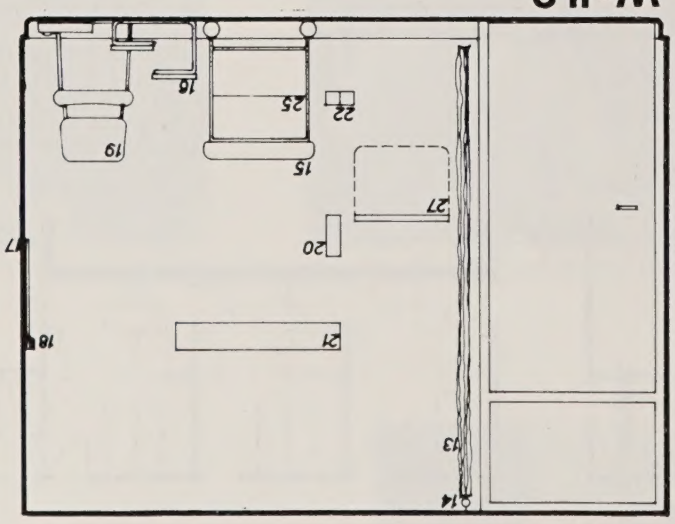


Wall 4



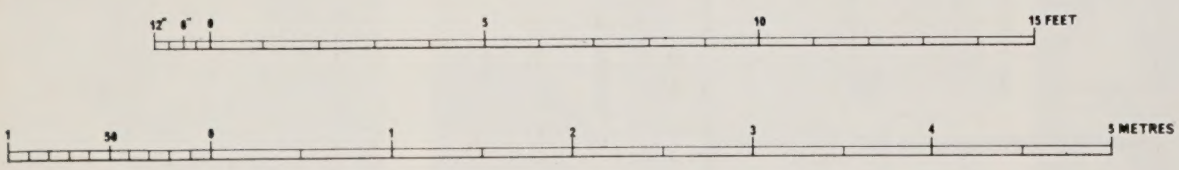


Wall 2



Wall 3

15. Examination Couch—
    6′ 2″ × 2′ 0″ × 2′ 6″ high
16. Couch Step
17. Mirror
18. Coat Hooks (2) and Coat Hanger (1)
19. Chair
20. Wall-mounted Sphygmomanometer
21. Wall-mounted Examination Lamp
22. Socket Outlet—13 amp.
23. Portable Examination Lamp
24. Weighing Machine
25. Dispenser for Paper Couch Covers
26. Disposal Bag for Used Couch Covers
27. Hinged Writing Shelf
28. Carpet—
    12′ 0″ × 7′ 0″ (optional addition)
29. Net Curtain or Blind
30. General Light
31. Flush-panel Radiator



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